| REPORT 495 | FNS Integrated Pgm Accounting Sys FNSP | PERFORMANCE SERIES 2.0F |
|------------|--|-------------------------|
| | GRANT AWARD DOCUMENT | |

| 1. | GRANTOR AGENCY: USDA - Food and Nutrition Service | 2. APPROPRIATION: See below under Appropriation column. |
|----|---|---|
| 3. | MISSOURI DEPT OF HEALTH | 4. TITLE OF GRANT: Child Nutrition |
| | P.O. BOX 570 | |
| | 920 WILDWOOD | |
| | | |
| | JEFFERSON CITY MO 65102 | |
| | VENDOR NO: S2991701 | |
| 5. | PROGRAM YEAR: 2015 | 6. ESTIMATED ANNUAL GRANT AWARD: |
| | GRANT AWARD REF NO: 3MO300305 Amendment: 3 | |
| 7. | GRANT PERIOD : FROM 10/01/2014 |] |
| | TO 09/30/2015 | |

| API | PROPR | IATION | FAIN | ACCOUNT CODE | PCA TITLE | CFDA NO | PREVIOUS LEVEL | INCREASE/DECREASE | CURRENT LEVEL |
|-----|-------|--------|-----------------|--------------|----------------------------|---------|-----------------|-------------------|-----------------|
| 12 | 4/5 | 3539 | 15143MO305N1099 | 2015CN109943 | CNP BLOCK CONSOLIDATED (O) | 10.555 | \$0.00 | \$0.00 | \$0.00 |
| | | | 15143MO305N2020 | 2015CN202043 | CNP CACFP CASH IN LIEU (O) | 10.558 | \$0.00 | \$0.00 | \$0.00 |
| 12 | 5/6 | 3539 | 15153MO305N1099 | 2015IN109943 | CNP BLOCK CONSOLIDATED (O) | 10.555 | \$18,903,624.00 | \$7,678,376.00 | \$26,582,000.00 |
| | | | 15153MO305N2020 | 2015IN202043 | CNP CACFP CASH IN LIEU (O) | 10.558 | \$941,190.00 | \$432,810.00 | \$1,374,000.00 |
| | | | | TOTAL: | | | \$19,844,814.00 | \$8,111,186.00 | \$27,956,000.00 |

9. SPECIAL INSTRUCTIONS/COMMENTS

Please note that the Financial Official (FO) assigned by the above grantee organization is responsible for maintaining valid banking information for this grant. This includes certifying that correct routing and transit numbers (ABA/RTN) and bank account numbers have been entered into the ASAP.gov payment system. The Food and Nutrition Service and the United States Treasury are not responsible for a misdirected payment in the event that the FO entered incorrect ABA/RTN or bank account number information.

| 10. AUTHORIZATION | | | | | |
|-------------------------------------|----------------|---|------------------------------|--|--|
| ALLOWANCE HOLDER (DESIGNEE) | | SIGNATURE: Electronically signed by - CYNTHIA ARCHULETA | | | |
| FNS Mountain Plains Regional Office | | | | | |
| Food and Nutrition Service | | | | | |
| 1244 Speer Blvd | | | | | |
| Suite 903 | | D | | | |
| Denver | CO 802043581 | Date: 2/9/2015 | TELEPHONE NO: (303) 844-0328 | | |
| Telephone: | (303) 844-0315 | | | | |

FORM FNS 495

CREATE ID

PARKERT